Children with Special Health Care Needs
Adult Autism Treatment Account (AATA)
PO Box 144610
Salt Lake City UT 84114-4610
385.310.5238
aata@utah.gov

Adult Autism Treatment Account Application Summary

Provider Information	
Provider Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
Treatment Center:	

Patient Demographics	
Patient Name:	
Date of Birth:	
Address:	
City, State, Zip:	
Phone Number:	

DIAGNOSIS/DIAGNOSES:

PROPOSED TREATMENT:

ESTIMATED COST OF TREATMENT:

Provider Signature:	Date:
Provider Name:	Office Staff Name:
Office Address and Phone:	Office Address and Phone: